


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # K12970</b>                                |  |
| 1. Entity Name<br><b>MURPHY VETERINARY CLINIC, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>MURPHY VETERINARY CLINIC<br/>2620 S. ORLANDO DR<br/>SANFORD FL 32773</b> | Mailing Address<br><b>MURPHY VETERINARY CLINIC<br/>2620 S. ORLANDO DR<br/>SANFORD FL 32773</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E034 (10/06)

|                                 |                |
|---------------------------------|----------------|
| 4. FEI Number <b>59-2872443</b> | Applied For    |
|                                 | Not Applicable |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |    |
|---|--|--|----|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent        |    |
| <b>WAYNE, SUSAN T DVM<br/>2620 S. ORLANDO DR<br/>SANFORD FL 32773</b> |  | Name   |    |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|   |  |  |    |
|   |  | City   | FL |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | P<br>WAYNE, SUSAN<br>2620 ORLANDO DR<br>SANFORD FL<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U00000644558<br>03/02/07-80048-007 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Wayne SUSAN WAYNE 2-3-07 404 323 4404